## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations                           |  |                              |  |
|--|--|------------------------------|--|
| (a) Name   |  |                              |  |
| National Association of Home Builders  (b) Address (number and street)   |  | <del></del>                  |  |
| _  | (b) Address (number and street) check if different than previously reported 1201 15th St NW                          | 2. FEC Identification Number |  |
| _  | (c) City, State and ZIP Code Washington DC 20005   | C C00000000                  |  |
| (d) Name of Employer or Principal Place of Business (e) Occupation   |  | e) Occupation                |  |
| -  | New  | 10 22 Y 2008                 |  |
| 3.   | Is This Statement or 4. Covering Period  | through                      |  |
| _  | Amended  | 10 30 2008                   |  |
| 5.   | . (a) Date of Public Distribution(s) M <sub>1</sub> 0  |                              |  |
| 6.   | The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10 |                              |  |
|  | (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15     |                              |  |
| (e) X Other, specify: 501 c 6  |  |                              |  |
| 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? |  |                              |  |
| -  | Custodian of Records   |                              |  |
|  | Joseph Barney  |                              |  |
|  | (b) Address (number and street)  |                              |  |
|  | (c) City, State and ZIP Code   |                              |  |
|  | (d) Name of Employer or Principal Place of Business (  | (e) Occupation               |  |
|  |  |                              |  |
| 9.   | Total Donations This Statement   | .00                          |  |
|  |  |                              |  |
| 10.Total Disbursements/Obligations This Statement 20000.00   |  |                              |  |
| Under penalty of perjury, I certify that this statement is true, correct and complete.                                       |  |                              |  |
|  | TYPE OR PRINT NAME OF PERSON COMPLETING FORM Karl Eckhart  |                              |  |
|  | SIGNATURE Electronically Filed by Karl Eckhart   | DATE 10/22/2008              |  |